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Bib Data Sheet

CONFIRMATION NO. 6455

SERIAL NUMBER 09/756,077	FILING DATE 01/08/2001 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 14689.10
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APPLICANTS

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** CONTINUING DATA *****

CB none 5/3/06

** FOREIGN APPLICATIONS *****

CB none 5/3/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 3	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials CB		

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TITLE

PAYMENT OF HEALTH CARE INSURANCE CLAIMS USING SHORT-TERM LOANS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)